

# Summary of Benefits Report for Louisiana, Medicaid

## InsureKidsNow.gov

### Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	FV - under the age of six; TF-children less than 16 years of age
Sealants (list any tooth-specific limits)	Yes	1 x 6 months	. (TIDs #2, 3, 14, 15, 18, 19, 30 and 31 only). Six-year molar sealants will be paid only for Members under ten (10) years of age (TIDs #3, 14, 19, 30). Twelve (12) year molar sealants will be paid only for Members under sixteen (16) years of age (TIDs 2, 15, 18, 31).
Space maintainers	Yes		Fixed-space maintainers require pre-authorization and are limited to the necessary maintenance of a posterior space for a permanent successor to a prematurely lost deciduous tooth (teeth). Removable, maxillary anterior or active space maintainers are not provided.

### Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months		At eruption of first tooth/6 months, and no later than 12 months
Assessment of risk for tooth decay	No			

### X-Rays

Bitewing	Yes	1 x year	Age 3-20. A 3-20. Limited to one (1) service a day by any provider, facility, or group, and to one service every year by the same provider, facility, or group.	
Full Mouth	Yes	1 x year	Ages 2-20. Full mouth series x-ray (D0210) once every year by the same provider, facility, or group.	
Panoramic	Yes	1 x year	Age 3-20. Limited to one (1) service a day by any provider, facility, or group, and to one service every year by the same provider, facility, or group.	

### Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from	No			

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
<b>spreading</b>				
<b>Fillings</b>				
Silver amalgam	Yes - only with prior authorization		No restoration of any type will be payable for deciduous central or lateral incisor teeth (Tooth letters D, E, F, G, N, O, P, and Q) for recipients who have reached their fifth birthday	
Tooth colored composite	Yes - only with prior authorization		Prior authorization ONLY for Tooth Letters C, H, M and R is required only for recipients 9 years of age and older.	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes - only with prior authorization		<p>This procedure code is payable for Tooth Letters D, E, F, G, N, O, P and Q only if the member is under five (5) years of age.</p> <p>Pre-authorization for procedure code D2930 is required only for Tooth Letters B, I, L, and S for members nine (9) years of age and older; and for Tooth Letters A, C, H, J, K, M, R and T for members 10 years of age and older.</p>	
Metal (only) crowns	No			
Metal/porcelain crowns	No			
Porcelain (only) crowns	No			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		Therapeutic pulpotomy reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under five years of age. Pupal Therapy only on (A, J, K or T)	
Root canals on permanent teeth	Yes - only with prior authorization		Ages 6-20.	

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<b>Gum (periodontal) therapy</b>	Yes - only with prior authorization		<p>Ages 13-20. Only two (2) units of periodontal scaling and root planing may be reimbursed per day. This procedure is reimbursable for Oral Cavity Designators 10, 20, 30 and 40.</p> <p>This service is reimbursable only once per quadrant in a 12 month period.</p>	
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		Ages 3-20. Only one prosthesis per recipient per arch is allowed in an ive-year period. Only permanent teeth are eligible for replacement by an interim partial denture or a partial denture.	
Complete dentures	Yes - only with prior authorization		Ages 3-20. Only one prosthesis per recipient per arch is allowed in an five-year period.	
Bridges	Yes - only with prior authorization		<p>Ages 16-20. Limited to one (1) per member in a five (5) year period.</p> <p>This procedure is reimbursable for Tooth Numbers 7, 8, 9, or 10.</p>	
<b>Orthodontics*</b>				
Retainers (orthodontic)	No			
Braces	Yes - only with prior authorization		<p>This procedure is reimbursable for Oral Cavity Designators 01, 02, 10, 20, 30, and 40.</p>	<p>related to an identifiable syndrome such as cleft lip and/or palate, Crozon's syndrome, Treacher-Collins syndrome, Pierre-Robin syndrome, hemi-facial atrophy, hemi-facial hypertrophy: other sever craniofacial deformities that result in age appropriate surgical cases as determined by a clinical review.</p>
<b>Oral surgery</b>				
Simple extractions	Yes			

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	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	<b>Criteria for coverage</b>
Surgical extractions	Yes - only with prior authorization			
Care of abscesses	Yes		TID 1-32. Requires x-rays and rationale. This service is not reimbursable for primary teeth	
Cleft palate treatment	Yes - only with prior authorization		covered using comprehensive ortho codes	
Cancer treatment	No		Covered through Physical Health Program	
Treatment of fractures	Yes - only with prior authorization			
Biopsies	Yes - only with prior authorization		Requires pre-authorization, x-rays, and rationale. Oral Cavity Designator 01, 02, 10, 20, 30 or 40.	
<b>Treatment of jaw joint problems (TMJ)</b>	Yes - only with prior authorization		must have an occlusion that has progressed beyond the mixed dentition stage of tooth eruption	
<b>Emergency room services provided by a dentist</b>	Yes			
<b>Inpatient Hospital Services</b>	Yes - only with prior authorization			In conjunction with physical health coverage.
<b>Anesthesia</b>				
General anesthesia	No			
Intravenous conscious sedation	Yes		in conjunction with difficult impactions or other extensive surgical procedures done in the office setting	
Non-intravenous conscious sedation	Yes - only with prior authorization		Ages 1-5 for children with behavioral problems, and Ages 6-20 for individuals with physical or mental disabilities. Pre-authorizations are required only for members six (6) years of age and older.	
Analgesia (nitrous oxide)	Yes		only reimbursable for dates of service on which restorative and/or surgical services	

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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).